

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/070093

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			i			
2				i		
3				i		
4				i		
5				i		
6				i		
7				i		
8				i		
9				i		
10				i		
11				i		
12				i		
13				i		
14				i		
15				i		
16				i		
17				i		
18				i		
19				i		
20				i		
21				20		
22				20		
23				i		
24				3		
25				i		
26				i		
27				i		
28				i		
29				i		
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47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			65			
TOTAL CLAIMS			69			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						